

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34804  
State File No. \_\_\_\_\_  
Registrar's No. 9249

FILED NOV 6 1948  
Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mo. Baptist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1-day  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME Mattie Walker

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W. 2  
6. (b) Name of husband or wife Dr. Richard A. Walker 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 6th., 1885  
(Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 19 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation House Mother

11. Industry or business Mo. Baptist Home

12. Name John O'Connell

13. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Catherine Hennessey

(b) Address 1417 Collins Ave.

17. (a) Burial (b) Date thereof 10-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Arthur J. Connolly

(b) Address 3840 Lindell Blvd.

19. (a) OCT 26 1948 (b) J. B. Baseler  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Richmond Heights  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1417 Collins Ave.  
(If rural, give location)  
(e) Citizen or foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25th. year 1948 hour 10 minute 20 a.m.

21. I hereby certify that I attended the deceased from 10/24/48 to 10/25/48, 1948.  
that I last saw h. e. r. alive on 10/25/48 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism Duration 4 hrs

Due to 9/4

Other conditions Coronary, left apoplexy  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place)  
While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

3. Signature Vincent O. Fish (M. D. or other) H. D.

Address 634 h. Eugene Date signed 10/25/48

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed W. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**